

## Authorization of Targeted Case Management and CAP-MR/DD Services through Value Options

July 25, 2006

**Note: All state funded services are authorized through the LME.**

	<b>Timeline for Submission for Authorization</b>	<b>CAP-MR/DD/ Targeted Case Management Form (CTCM)</b>	<b>Service Order (SO)</b>	<b>Person Centered Plan (New Format)</b>	<b>CAP Plan of Care</b>	<b>MR2</b>	<b>Assessments</b>
<b>Current Consumers/ Non-Waiver- Targeted Case Management (TCM) Only</b>	Submission of authorization requests for TCM begins August 15, 2006.	<b>X</b>	<b>X</b> SO signed by QP until TCM definition approved by CMS; upon approval of TCM, Person Centered Plan signed by an MD, PA, NP or LP will serve as order. New TCM definition requires signature of MD, NP, LP, PA.	<b>X</b> Current treatment plan for TCM may be submitted for initial authorization on current consumers.			<b>X</b> -Current psychological evaluation (within three years for an adult, and within one year for a child). If current psychological not available, TCM plan must include outcome for coordinating the assessment. -NC-SNAP (full document)
<b>New Non-Waiver Consumers- TCM Only</b>	Submission of authorization requests for TCM begins August 15, 2006.	<b>X</b>	<b>X</b> Person Centered Plan signed by an MD, PA, NP or LP will serve as order.	<b>X</b>			<b>X</b> -Diagnostic Assessment -Current psychological evaluation (within three years for an adult, and within one year for a child). If current psychological not available, TCM plan must include outcome for coordinating the assessment. -NC-SNAP (full document)
<b>Current Consumers- Waiver Participants</b>	-For individuals with a birth month in Sept., Oct., Nov., Dec., 2006 all documents noted must be submitted for authorization requests during the birth month of the individual.	<b>X</b> A CTCM form must be included for each provider when there are multiple providers.	<b>X</b> -CAP Plan of Care, inclusive of the Cost Summary, signed by QP acts as the SO for all CAP services with the exception of those services such as Home Modifications, Specialized Equipment/Supplies		<b>X</b>	<b>X</b> Copy of MR2	<b>X</b> -Current psychological evaluation (within three years for an adult, and within one year for a child). If current psychological not available, TCM plan must include outcome for coordinating the assessment. -NC-SNAP (full document) -Other assessments to support the Plan of Care

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	<p>-For individuals with a birth month after Dec., 2006 through August, 2007 all documents noted must be submitted for authorization of CAP-MR/DD services by Dec. 15, 2006. Requests for authorization for these individuals may begin the last week of Nov., 2006. -All CAP consumers receiving TCM submission of authorization requests for TCM begins August 15, 2006.</p>		<p>that may require an order by a physician or other professional as noted in the CAP section of the Service Records Manual. - For TCM, SO signed by QP or Plan of Care signed by QP may serve as SO for TCM until TCM definition approved by CMS. Outcomes related to TCM must be included in the Plan of Care. -Once TCM approved by CMS, separate SO signed by MD, LP, NP, or PA will be required for waiver participants.</p>				
<b>New Consumers-Waiver Participants</b>	<p>Initial authorization of CAP services for new participants begins in Sept., 2006.</p>	<p><b>X</b></p> <p>A CTCM form must be included for each provider when there are multiple providers.</p>	<p><b>X</b></p> <p>-CAP Plan of Care, inclusive of the Cost Summary, signed by QP acts as the SO for all CAP services with the exception of those services such as Home Modifications, Specialized Equipment/Supplies that may require an order by a physician or</p>		<p><b>X</b></p> <p>Copy of MR2</p>	<p><b>X</b></p>	<p><b>X</b></p> <p>-Current psychological evaluation (within three years for an adult, and within one year for a child). If current psychological not available, TCM plan must include outcome for coordinating the assessment. -NC-SNAP (full document) -Other assessments to support the Plan of Care</p>

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			<p>other professional as noted in the CAP section of the Service Records Manual.</p> <p>- For TCM, SO signed by QP or Plan of Care signed by QP may serve as SO for TCM until TCM definition approved by CMS. Outcomes related to TCM must be included in the Plan of Care.</p> <p>-Once TCM approved by CMS, separate SO signed by MD, LP, NP, or PA will be required for waiver participants.</p>				
<b>Reauthorizations for Targeted Case Management-Non-Waiver and Waiver Participants</b>	<p>-Submission for continued authorization of TCM must occur every 90 days if requesting more than 5 hours per month of TCM.</p> <p>-If requesting 5 hours or less of TCM, submission for continued authorization of TCM must occur every 6 months.</p>	X	<p align="center">X</p> <p><b>Non-Waiver, TCM only:</b> SO signed by QP until TCM definition approved by CMS; upon approval of TCM, Person Centered Plan signed by an MD, PA, NP or LP will serve as order. New TCM definition requires signature of MD, NP, LP, PA.</p> <p><b>Waiver Participants:</b></p> <p>- For TCM, SO signed by QP or Plan of Care signed by QP may serve as SO for TCM until TCM definition</p>	X	X		

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			approved by CMS. Outcomes related to TCM must be included in the Plan of Care. -Once TCM approved by CMS, separate SO signed by MD, LP, NP, or PA will be required for waiver participants.				
<b>Reauthorizations for CAP-MR/DD Services with No Change of Provider or Service</b>	The following discrete provider specific services require authorization every 6 months: -Respite -Personal Care -Supported Employment -Home and Community Supports -Residential Supports -Day Supports	X A CTCM form must be included for each provider when there are multiple providers.	X CAP Plan of Care, inclusive of the Cost Summary, signed by QP acts as the SO for all CAP services with the exception of those services such as Home Modifications, Specialized Equipment/Supplies that may require an order by a physician or other professional as noted in the CAP section of the Service Records Manual.				
<b>Reauthorization for CAP-MR/DD Services when There is a Change in Provider or Service</b>	The following discrete provider specific services require authorization when there is a change in provider or	X A CTCM form must be included for each provider when there are multiple	X -CAP Plan of Care, inclusive of the Cost Summary, signed by QP acts as the SO for all CAP services with the exception of those		X		X Assessments as needed to support any requests for non-discrete services.

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	<p>service:                      -Respite                      -Personal Care                      -Supported Employment                      -Home and Community Supports                      -Residential Supports                      -Day Supports                      Other services such as -                      Augmentative Communication Devices, Home Modifications, etc. are authorized as a component of the Plan of Care. If these items are added at any time, it will result in a Plan of Care Update and a request for authorization is required.</p>	<p>providers.</p>	<p>services such as Home Modifications, Specialized Equipment/Supplies that may require an order by a physician or other professional as noted in the CAP section of the Service Records Manual.</p>				
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